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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE STEINERCB LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

۱.	Name of the limited liability company: SteinerCB LLC	<u> </u>			
2. (a)	(ł)		
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Nate: MAY BE POST	
				-	
	12/18/19		L200000006	76	
3.	Date of filing/registration in Florida	4.		Document number	
5. (UNITED STATES CORPORATION AGENTS, INC.				
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:	
	476 RIVERSIDE AVE.				
	Registered Office Address MUST BE FLORIDA STREET	<u>ADDRESS</u>	Ž		
				· .	7) 1 3
	JACKSONVILLE , FL	32202			
	Northwest Registered Agent LLC			•	ر ا
(p	Enter name of NEW Registered Agent and/or NEW Registered	l Office ed	denes:		P.F.
	man in the state of the state o	conice au	<u>oreas</u> .		ن ي
	7901 4th St N			•	
	NEW Registered Office Address:			•	12
	STE 300				
	St. Petersburg . F1.	33702			
the c agent wash the a	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regise ability confithe limed limited l	stered office impany, it is sited liability	e and the business offi is hereby confirmed that y company or as other	ce of the registered it the change(s)
Sign	Signature of a member or authorized representative of a member			Printed or typed name of signee	
prosu the o to me notifi	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I gd in priting of this change.	ree to act performe d for in (hereby co	in this cape ance of my e Chapter 605 onfirm that e	ncity. I further agree luties, and I am famili , F.S. Or, if this docu the limited liability co	to comply with the ar with and accept ment is being filed mpany has been
	Taylor Newman - Assistant S	ecretary			